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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355095	A. Building B. Wing	10/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Oakes	213 N 9th St Oakes, ND 58474

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 40489 Based on review of facility policy and resident interview, the facility failed to provide care in a manner that maintained, enhanced, and respected the resident's dignity and individuality for 1 of 1 confidential resident (Resident B) who voiced concerns regarding nighttime toileting preferences Failure to honor the resident's choice for toileting does not enhance the resident's quality of life and may result in decreased self-esteem, decreased quality of life, emotional harm and increased pain. Findings include: Review of the facility policy titled Resident Dignity occurred on 10/03/24. This policy, dated November 2023, stated, . PURPOSE . To assist with respecting and ensuring resident rights. will promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of her individuality. During a confidential resident interview on 10/01/24 at 2:50 p.m., Resident B stated, I use the sit-to-stand lift during the day and evening, but I compromised with them to use the bedpan at night from 10:00 p.m. to 6:00 a.m. so they wouldn't have to have two CNAs [certified nurse aides] over on this side. I don't want to use the bedpan, I prefer to get up and use the toilet. I also have back problems, so sitting on the bedpan makes that pain worse. The facility failed to treat Resident B with dignity by honoring the resident's preferred method of toileting at night.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. 46963 Based on record review, review of facility policy, and staff interview, the facility failed to provide the resident or the resident's representative a written bed hold notice for 1 of 5 sampled residents (Resident #35) reviewed for hospital transfers. Failure to provide a written copy of the bed hold notice does not allow the resident and/or their representative to make an informed decision regarding their rights. Findings include: Review of the facility policy titled Bed-Hold occurred on 10/03/24. This policy, dated 12/07/23, stated, . At the time of . transfer . , the location will provide written information to the resident or resident representative that specifies: 1. The duration of the state bed-hold policy, if any, during which a resident is permitted to return and resume residence. 2. The reserve bed payment policy in the state plan. 3. The location's policies regarding bed-hold periods permitting a resident to return. Review of Resident #35's medical record occurred on all days of survey and identified a hospital transfer occurred on 06/12/24. The medical record lacked documentation the facility provided the resident and/or representative with a written bed hold notice. During an interview on 10/02/24 at 2:03 p.m., an administrative staff member (#1) confirmed staff failed to provide the required bed hold notice to the resident and/or their representative upon transfer to the hospital.

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F 0637 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40489 Based on record review and review of the Long-Term Care Facility Resident Assessment Instrument (RAI) 3. 0 User's Manual, the facility failed to complete a significant change in status assessment (SCSA) for 1 of 3 sampled residents (Resident #26) who experienced a significant change in status. Failure to determine the need for and complete a SCSA in response to a resident's decline limited the facility's ability to accurately assess the resident's status and identity and implement appropriate care approaches. Findings include: The Long-Term Care Facility RAI 3.0 User's Manual (Version 1.18.11), dated October 2023, page 2-24 stated, . A 'significant change' is a major decline or improvement in a resident's status that: 1. Will not normally resolve itself without staff intervention . 2. Impacts more than one area of the resident's health status; and 3. Requires interdisciplinary review and/or revision of the care plan. and page 2-27 stated, A SCSA is appropriate if there are either two or more areas of decline or two or more areas of improvement. Any decline in an ADL [activities of daily functioning] physical functioning area (e.g., self-care or mobility) (at least 1) where a resident is newly coded as partial/moderate assistance, substantial/maximal assistance, dependent, resident refused, or the activity was not attempted since last assessment and does not reflect normal fluctuations in that individual's functioning. Review of Resident #26's medical record occurred on all days of survey. A quarterly Minimum Data Set (MDS), dated [DATE], identified the resident as independent with ambulation, personal hygiene, toilet transfer, sitting to lying position, lying to sitting position, sitting to standing, bed to chair transfer, moderate/partial assistance with lower body dressing and taking on/off socks and shoes and toileting hygiene, always continent of bowel and bladder, and did not use a wheelchair. The medical record identified the resident had a fall on 07/09/24 resulting in a right lower leg fracture and hospitalization from [DATE] to 07/12/24. A quarterly MDS, dated [DATE], identified the resident unable to ambulate, required a wheelchair for locomotion, frequently incontinent of bowel and bladder, dependent on staff for lower body dressing and taking on/off socks and shoes, required substantial/maximal assistance with personal hygiene, and partial moderate assistance with toilet transfer, sitting to lying position, lying to sitting position, sitting to standing, and bed to chair transfer. The record lacked evidence facility staff identified and/or completed a SCSA following Resident #26's decline in activities of daily living.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment.

Ensure each resident receives an accurate assessment.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 40488

46963

Based on record review, review of the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual (Version 1.18.11), and staff interview, the facility failed to ensure accurate coding of the Minimum Data Set (MDS) for 3 of 12 sampled residents (Resident #25, #32, and #40). Failure to accurately complete the MDS does not allow each resident's assessment to reflect their current status/needs and may affect the development of a comprehensive care plan and the care provided to the residents.

Findings include:

SECTION GG: FUNCTIONAL ABILITIES AND GOALS

The Long-Term Care Facility RAI Manual, revised October 2023, pages GG-14 through GG-16, stated, . GG0130 Self-Care . Steps for Assessment 1. Assess the resident's self-care performance based on direct observation, incorporating resident self-reports and reports from qualified clinicians, care staff, or family documented in the resident's medical record during the assessment period. Coding instructions . Code 06, Independent: if the resident completes the activity by themselves with no assistance from a helper. Code 05, Setup or clean-up assistance: if the helper sets up or cleans up; resident completes activity. Code 03, Partial/moderate assistance: if the helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.

Review of Resident #25's medical record occurred all days of survey. A Functional Abilities - Current Performance Assessment, dated 05/30/24, identified the resident required partial/moderate assistance for oral hygiene and walking 50 feet and 150 feet with two turns. The annual MDS, dated [DATE], identified the resident required setup or cleanup assistance for oral hygiene and independent with walking 50 feet and 150 feet with two turns.

During an interview on 10/01/24 at 4:36 p.m., an administrative staff member (#1) confirmed staff failed to code the MDS correctly for Resident #25.

SECTION N: MEDICATIONS

The Long-Term Care Facility RAI User's Manual, revised October 2023, pages N-6 through N-7, stated, . N0415: High-Risk Drug Classes: Use and Indication . Coding Instructions . N0415A1. Antipsychotic: Check if an antipsychotic medication was taken by the resident at any time during the 7-day look-back period . N0415B1. Antianxiety: Check if an anxiolytic medication was taken by the resident at any time during the 7-day look-back period . N0415G1. Diuretic: Check if a diuretic medication was taken by the resident at any time during the 7-day look-back period . Pages N-12 through N-13, stated, . N0450: Antipsychotic Medication Review . Coding Instructions for N0450A . Code 1, yes: if antipsychotics were received on a routine basis only .

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- Review of Resident #32's medical record occurred on all days of survey. The Admission/5 day (hospital return) MDS, dated [DATE], identified Section N0415 coded for an antianxiety medication. Review of the medication administration record (MAR) for August 2024 showed Resident #32 received Risperdal (an antipsychotic) during the look back period and lacked evidence the resident received an antianxiety medication. During an interview on 10/04/24 at 4:40 p.m., an administrative staff member (#1) confirmed Resident #32 received an antipsychotic medication, not an antianxiety, and staff failed to code the MDS correctly. - Review of Resident #40's medical record occurred on all days of survey. An admission MDS, dated [DATE], showed Section N coded for a diuretic medication. Review of the July 2024 MAR lacked evidence Resident #40 received a diuretic during the look back period. During an interview on 10/03/24 at 10:30 a.m., an administrative staff member (#1) confirmed Resident #40 did not receive a diuretic and staff failed to code the MDS correctly.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 40488 Based on record review, confidential resident and family interviews, and staff interviews, the facility failed to provide sufficient nursing staff to meet the residents' needs for 4 of 4 confidential residents (Resident A, B, C, and D) and family members (Family member #1 and #2). Failure to provide sufficient nursing staff may result in residents experiencing falls, poor hygiene, incontinence, and skin issues and may negatively affect the residents' physical, mental, and psychosocial well-being. Findings include: - Review of Resident A's medical record occurred on 09/30/24 and identified the resident's most recent Brief Interview for Mental Status (BIMS) scored a 15, indicating intact cognition. The care plan stated, . The resident has a need for restorative intervention due to Limited mobility . Resident will maintain current level of function . Care plan interventions included use of an exercise bike, an arm machine, and static standing (seated wheelchair to standing). The care plan also identified the resident required bathing assistance. During an interview on 09/30/24 at 4:50 p.m., Resident A expressed concern with decrease in bathing from twice per week to once per week and stated, We don't get restorative therapy anymore either, which I liked. I got it every other day. I need it for my leg. I really liked it. It really helped. When asked about these changes, Resident A stated, I was told they don't have enough staff. - During an interview on 10/01/24 at 5:49 p.m., a confidential family member (#1) stated, I wish they had more staff. Sometimes [Resident C] has to sit in his/her poop for a long time. 40489 - Review of Resident D's medical record occurred on 10/02/24. The current care plan stated, . The resident has a need for restorative intervention due to ADL [activities of daily living] self-care performance deficit/limited physical mobility activity intolerance . Resident will maintain current level of function in ADL's . The care plan also identified the resident required bathing assistance. During a confidential family interview on 10/02/24 at 3:18 p.m., Family member #2 expressed concern regarding the facility no longer providing the restorative therapy program for residents and decreased bathing for residents receiving two baths per week to one bath per week as Resident D previously received. When asked about these changes, the family member stated, We were told these cuts were due to staffing, and we don't feel they should be taking things away from residents, especially baths and the restorative program. Isn't that the residents right to have therapy and two baths a week if they choose to? - Review of Resident B's medical record occurred on all days of survey and identified the resident's most recent BIMS scored a 15, indicating intact cognition. The care plan identified the resident required toileting assistance. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview the afternoon of 10/01/24, Resident B stated, They don't have enough staff. I've had to wait several times at least 30 to 45 minutes for someone to answer my light when I need to go to the bathroom. A couple weeks ago I had to wet myself in the bed because I couldn't hold it any longer. During an interview on 10/03/24 at 9:51 a.m., an administrative staff member (#1) stated, We decreased staff, decreased the number of baths per week, and discontinued the restorative therapy program around 09/19/24.

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. 13101 Based on review of the daily staffing information, review of the nurse schedule, and staff interview, the facility failed to post daily staffing data for all shifts on 9 of 11 days reviewed (September 22 - October 2, 2024). Failure to post accurate staffing data does not allow residents and visitors to be aware of the number of licensed and unlicensed staff on duty each shift. Findings include: Review of the daily staffing data and the nursing staff schedule from September 22 - October 2, 2024, showed on 11 of the days, staff failed to post the number of staff working on nine day shifts, two evening shifts, and five night shifts. During an interview on 10/03/24 at 10:59 a.m., an administrative staff member (#1) confirmed staff failed to post staffing data for each shift on some days.

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F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. 40489 Based on record review, review of facility policy and resident interview, the facility failed to assist in obtaining dental services to meet the needs of 1 of 1 resident (Resident #3) with a lost bottom denture. Failure to promptly refer for dental services and/or assess the resident's ability to eat and drink adequately without a bottom denture may result in decreased intakes, unplanned weight loss, and choking. Findings include: Review of the facility policy titled Denture and Oral Care, Dental Health Assessment, Dental Services occurred on 10/03/24. This policy dated June 2024, stated, . Referral for dental services for lost or damaged dentures must occur within three days of discovery of the lost or damaged denture. If the referral is more than three days, the location must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and document the extenuating circumstances that led to the delay. Review of Resident #3's medical record occurred on all days of survey. A progress note, dated 09/06/24, stated. [Resident #3's name] states she is missing her her [sic] bottom denture. She said she had them on Wednesday night but she couldn't find them on Thursday morning. She said she had staff look for them and they couldn't find them. She is going to call the dentist to see if there is a warranty . During an interview on 10/02/24 at 1:35 p.m., Resident #3 stated, I feel like they [Resident #3's lower denture] got thrown in the garbage by accident. When asked how the this affected her eating Resident #3 said she eats soft foods. The facility failed to refer Resident #3 for dental services within three days after being notified of the resident's missing lower denture and failed to complete an assessment of Resident #3's ability to eat and drink adequately.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40488 40489 Based on observation, record review, review of facility policy, and staff interview, the facility failed to follow standards of infection control practice for 4 of 12 sampled residents (Resident #17, #22, #32 and #39) and 5 supplemental residents (Resident #2, #6, #13, #21, and #31) observed during cares. Failure to follow infection control practices during resident cares related to hand hygiene, glove use, and enhanced barrier precautions (EBP) has the potential to spread infection throughout the facility. Findings include: Review of the facility policy titled Standard and Transmission -Based Precautions occurred on 10/03/24. This policy, dated April 2024, stated, Enhanced barrier precautions expand the use of PPE [personal protective equipment] beyond situations in which exposure to blood and body fluids is anticipated and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs [multi-drug resistant organisms] to staff hands and clothing. High-Contact Resident Care Activities include: Transfers . assisting with toileting . Review of the facility policy titled Hand Hygiene occurred on 10/02/24. This policy, dated 03/29/22, stated, . Definitions . Patient Zone . It contains the patient and their immediate surroundings. Typically includes intact skin of the patient and all inanimate surfaces that are touched by or in direct physical contact with the patient. Policy . All employees in patient care areas . will adhere to the 4 moments of Hand Hygiene and 2 Zones of Hand Hygiene. 1. Entering room [ROOM NUMBER]. Before Clean Task 3. After Bodily Fluid/Glove Removal 4. Exiting room [ROOM NUMBER]. Zones: Patient zone . ENHANCED BARRIER PRECAUTIONS: - Review of Resident #22's medical record occurred on all days of survey. The care plan stated, The resident requires Enhanced Barrier Precautions (EBP) R/T [related to] surgical wound to left leg. A sign on the resident's door and a supply cart located in the room identified EBP for Resident #22. Observation on 09/30/24 at 12:48 p.m. showed a certified nurse aide (CNA) (#3) and a licensed nurse (#4) entered Resident #22's room with a stand lift, transferred the resident from the wheelchair to the toilet, provided toileting cares, and transferred the resident back to the wheelchair. The CNA and the nurse failed to wear a gown during the high-contact resident cares. Observation on 10/01/24 at 8:42 a.m. showed two CNAs (#2 and #3) entered Resident #22's room with a stand lift, transferred the resident from the wheelchair to the toilet, provided toileting cares, and transferred the resident back to the wheelchair. The CNAs failed to wear a gown during the high-contact resident cares. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Review of Resident #32's medical record occurred on all days of survey. The care plan stated, .The resident requires Enhanced Barrier Precautions (EBP) R/T open wounds d/t [due to] osteomyelitis [bone infection] on bilateral [both sides], multiple toes. A sign on the resident's door and a supply cart located in the room identified EBP for Resident #32. Observation on 10/01/24 at 5:49 p.m. showed a CNA (#2) entered Resident #39's room with a stand lift, transferred the resident from a wheelchair to the bathroom, provided toileting cares, and transferred the resident to a recliner. The CNA failed to wear a gown during the high-contact resident care. During an interview on 10/03/24 at 11:14 a.m. an administrative staff member (#1) stated she expected staff to wear appropriate PPE during high contact cares for residents on EBP. HAND HYGIENE: - Observation on 10/01/24 at 12:48 p.m. showed two CNAs (#2 and #3) entered Resident #39's room, donned gloves without first completing hand hygiene, and provided the resident personal cares. Both CNAs acknowledged failure to complete hand hygiene upon entering the resident's room and donning gloves. - Observation on 10/01/24 at 1:11 p.m. showed a CNA (#2) provided fluids to Residents #2, #6, #13, #17, #21, and #31 by picking up a water mug located on the resident's bedside table in their room. The CNA (#2) failed to perform hand hygiene after assisting each resident with water and before assisting the next resident.